

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	✓					
2						
3	✓					
4		✓				
5		✓				
6		✓				
7	✓					
8	✓					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	8	↔	↔	↔		
TOTAL CLAIMS	9	[REDACTED]	[REDACTED]	[REDACTED]		

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]		